CAMPAIGN TREASURER'S REPORT SUMMARY										
(1)	CARL ZOGBY	OFFICE USE ONLY								
	Name									
(2)	EXCEMPT AS PER F.S.119.071(4)(d)2									
	Address (number and street)									
	City, State, Zip Code									
	Check here if address has changed	(3) ID Number: 00000								
(4)	Check appropriate box(es):									
		H COUNCIL-GROUP 5								
	☐ Political Committee (PC) ☐ Electioneering Communications Org. (ECO)	☐ Check here if PC or ECO has disbanded								
	☐ Party Executive Committee (PTY) ☐ Check here if PTY has disbanded									
	☐ Independent Expenditure (IE) (also covers an individual making electioneering communications) ☐ Check here if no other IE or EC reports will be filed									
(5) Report Identifiers										
Cove	er Period: From <u>06</u> / <u>01</u> /2 <u>021</u> To	06 / 30 /2021 Report Type: M6								
☐ Original										
(6)	Contributions This Report	(7) Expenditures This Report								
	20 202 07	Monetary								
Cash & Checks \$, _20, 39307		Expenditures \$, 3 , 985 28								
Loan	s \$, , 0 . 00	Transfers to								
		Office Account \$, , 0 . 00								
Total	Monetary \$, <u>20</u> , <u>393</u> . <u>07</u>									
	nd \$ 0 00	Total Monetary \$, 3 , <u>985</u> . <u>28</u>								
In-Ki	nd \$,, <u>0</u>	(0) Other Distribution								
		(8) Other Distributions \$, , 000								
(9)	TOTAL Monetary Contributions To Date \$, 87 , 361 . 07	(10) TOTAL Monetary Expenditures To Date \$ 6 188 03								
	, 07 , 001 . 07	\$, <u>6</u> , <u>188</u> . <u>03</u>								
	(11) Cert									
It is a first degree misdemeanor for any person to falsify a public record (ss. 839.13, F.S.)										
I certify that I have examined this report and it is true, correct, and complete:										
	ype name) CARL ZOGBY	(Type name) CARL ZOGBY								
or e	Individual (only for IE ☑ Treasurer ☐ Deputy Treasurer electioneering connm.)	☑ Candidate ☐ Chairperson (only for PC and PTY)								
	1/000 M									
X		X								
216	gnature	Signature								

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name	1) Name			(2)	I.D. Number			
(3) Cover Period	06 / 01 / 2021	throu	gh/	30 / 2021	_ (4) Page	6	of .	6
(5) Date (6) Sequence Number	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	Co Type	(8) ontributor Occupation	(9) Contribution Type	(10) In-kind Description	(11)		(12)
06 28 2021 / / 37	ORLANDO CORDOVES 8390 SW 72 AVE #505 MIAMI FL 33143	I	REAL ESTATE	СНЕ		DEL	\$	100.00
06	ORLANDO CORDOVES 8390 SW 72 AVE #505 MIAMI FL 33143	I	REAL ESTATE	СНЕ		ADD	\$	200.00
1 1								
1 1								
1 1								
1 1								

DS-DE 13 (Rev. 11/13)

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES